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IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Right L5-S1 Transforaminal ESI under Fluoroscopy between 5/6/2016 and 7/5/2016

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
The Reviewer is Board Certified in the area of Physical Medicine and Rehabilitation with over 16 years of experience.

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a male who sustained an injury to his lower back on X/X/XX when he was backing up XX, he collided into the trailer. He was diagnosed with lumbago and lumbar radiculopathy, severe acute right limb pain unresponsive to treatment, abnormality of gait and right L5, S1 radiculopathy.

XX/XX/XX: X-Ray Lumbar Spine Minimum Four View. **Impression:** Spondylosis and facet arthrosis with mild anterolisthesis of L4 on L5. Mild instability is demonstrated at L4-5 level on bending views.

XX/XX/XX: MRI Lumbar Spine. **Impression:** Degenerative disc disease and mild bulging of the discs at L4-L5 and L5-S1 most notable with intraforaminal disc bulge on the left at L4-5.
Mild degenerative central canal narrowing at L4-5 with mild to moderate stenosis of the left lateral recess and mild stenosis of the right lateral recess and foramen at L4-5. Degenerative disc disease and degenerative joint disease at L3-4 without significant central canal or foraminal stenosis. Degenerative facet hypertrophy at L5-S1 without significant central canal or foraminal stenosis.

XX/XX/XX: Initial examination. Claimant reported shooting, throbbing and numbing pain in the low back bilaterally, VAC 7/10. It also radiates into his feet, calves. It occurs between ½ and ¾ of the time when he is awake. He has to walk with a walker to prevent from falling down due to the numbness at bilateral lower extremities. After review of the records from XX, the patient previous treating doctor, XX indicated the patient had lumbar sprain and strain. Upon review of document on the same date, his impressions were bilateral lower extremities paraesthesias and lumbar radiculopathy, sciatica. On another visit, XX/XX/XX, XX also diagnosed the

patient with lumbar sprain, but still with assessment of paraesthesias. The other recommendation also for lumbar ESI and NCV to be done. However, his recommendation does not seem to correlate with the diagnosis.

XX/XX/XX: History and Physical. **HPI:** Claimant had no prior leg pain prior to the incident and his work incident aggravated his spondylollstesis to the point where it has irritated the nerve and created sciatica. He has tried PT, NSAIDs, steroids and muscle relaxers. Recommending that he proceed with L4/5 right sided trasformainal ESI. **Plan:** ESI

XX/XX/XX: Progress notes. Claimant reported moderate to severe in intensity and sharp stabbing and deep in character. Numbness and tingling in the affected leg and foot and difficulty ambulating in the L4-5 distribution on the affected side. The pain is aggravated or made worse by walking, bending and extending, and standing still and improved by lying down. **Plan:** ESI

XX/XX/XX: Impairment Evaluation. **Assessment:** While the patient's injury date seems from X/X/XX, we would typically expect that a strain/sprain injury would have resolved by this point in time. This patient is antalgic and limited in function similar to his initial date of injury. This patient has not reached a point of stability at this time.

XX/XX/XX: History and Physical. Claimant reported pain 8/10 at its worst and 6/10 at its least. The pain is constantly. Claimant has had 5 sessions of PT and taken naproxen and tramadol.

XX/XX/XX: Progress notes. Claimant reported 0% of pain improvement. He states he is in severe pain. He reported he is having intermittent weakness in the legs. He reported he has lost feeling in his right leg and foot.

XX/XX/XX: Progress notes. Claimant reported 5% improvement. He is currently using Gabapentin, Naproxen and Tramadol for pain.

XX/XX/XX: Procedure Note. Performed Right and L5-S1 transforaminal injection. Lumbar radiculopathy.

XX/XX/XX: Progress notes. Follow up after a transforaminal ESI. Bilateral L5-S1 with Kenalog. Claimant reported 95% relief for about 5 days after the injection. He states the pain has progressively returned and is now at about 50-60-% relief of pain. Pain grade 5-7/10 on VAS. There was diffuse tenderness to light touch and deep pressure over the lumbar paraspinal muscle. On PE, there was diffuse lumbar paraspinal tenderness. There was markedly reduced ROM, flexion of up to 30 degrees. The right SLR was positive. The patient has hyporeflexive patellar and ankle reflexes. Lumbar guarding was noted. Examination of the right lower extremity revealed tenderness over the piriformis muscle and pain with ROM. Limited strength testing due to pain. Weakness secondary to pain and toe extension strength graded 4/5. The patient had hyporreflexive patellar and ankle reflexes.

XX/XX/XX: UR. Rationale for denial: The patient is a male who was injured on XX/XX/XX. He was diagnosed with lumbar radiculopathy, lumbago, severe acute right limb pain unresponsive to treatment, abnormality of gait and right L5, S1 radiculopathy. Based on the clinical information submitted for this review this request is non-certified. It has only been 11 days since the previous ESI has been performed. Guidelines suggest there should be at least 50% pain relief for at least 6 weeks to justify repeat injections. Considering that the previous injection was only just performed and is still effective, this request for a repeat right-sided L5-S1 transforaminal ESI under fluoroscopy is not medically necessary.

XX/XX/XX: UR. Rational for denial: The patient is a male who sustained an injury to his lower back on X/XX/XX due to a motor vehicle accident. His is diagnosed with limbago and lumbar radiculopathy. The initial request was non-certified since had only been 11 days since the previous ESI had been performed. Guidelines indicate that there should be at least 50-70% pain relief for at least 6-8 weeks to justify repeat injections. Considering that the previous injection was only just performed and is still effective. There was no evidence of participation in recent active therapy subsequent to the last ESI warranting pain management through a repeat injection. Given these issues, the medical necessity of this request is not established and the previous denial is upheld.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Determination: Denial of right L5-S1 transforaminal ESI under fluoroscopy is UPHELD/AGREED UPON since at the time of the initial request there had only been 11 days since the previous ESI with ODG recommendation of consideration of repeat ESI after a duration of at least 6 weeks.

Therefore, the request for Right L5-S1 Transforaminal ESI under Fluoroscopy between 5/6/2016 and 7/5/2016 is non-certified.

ODG Guidelines:

Criteria for the use of Epidural steroid injections:

Note: The purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, reduction of medication use and avoiding surgery, but this treatment alone offers no significant long-term functional benefit.

(1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing.

(2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, muscle relaxants & neuropathic drugs).

(3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance.

(4) *Diagnostic Phase:* At the time of initial use of an ESI (formally referred to as the "diagnostic phase" as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections.

(5) No more than two nerve root levels should be injected using transforaminal blocks.

(6) No more than one interlaminar level should be injected at one session.

(7) *Therapeutic phase:* If after the initial block/blocks are given (see "Diagnostic Phase" above) and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported. This is generally referred to as the "therapeutic phase." Indications for repeat blocks include acute exacerbation of pain, or new onset of radicular symptoms. The general consensus recommendation is for no more than 4 blocks per region per year. (CMS, 2004) (Boswell, 2007)

(8) Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response.

(9) Current research does not support a routine use of a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections for the initial phase and rarely more than 2 for therapeutic treatment.

(10) It is currently not recommended to perform epidural blocks on the same day of treatment as facet blocks or sacroiliac blocks or lumbar sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment.

(11) Cervical and lumbar epidural steroid injection should not be performed on the same day. (Doing both injections on the same day could result in an excessive dose of steroids, which can be dangerous, and not worth the risk for a treatment that has no long-term benefit.)

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- ☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**